

Fairbanks North Star Borough School District
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student # _____

Student's Legal Name Adam MortemoreIEP Date 2/25/2004

Note: Supervision is required for any service provided by individuals who are not certified in that service area. Do not include supervision or transportation time in the total of special education and related service time received by the student.

| Special Education | Location | Start Date | End Date | Provider | Frequency | Time |
|---|----------------------|------------|----------|----------|-----------|------|
| <input type="checkbox"/> Reading <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Math <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Writing <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Speech/Language <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Supervision | | | | | | |
| <input checked="" type="checkbox"/> Other: Pre Acad. DreK <input type="checkbox"/> Supervision | Weller Pre K SPED | 3/11/04 | 3/11/05 | SPED | 5x | |
| <input type="checkbox"/> Other: <input type="checkbox"/> Supervision | | | | | 5x | |
| Special Education Total Hours per Week | | | | | | |

| Related Services | Location | Projected Start Date | End Date | Provider | Frequency | Time |
|---|----------|----------------------|----------|------------------|-----------|------|
| <input checked="" type="checkbox"/> Speech/Language <input type="checkbox"/> Supervision | Weller | 3/11/04 | 3/11/05 | SLP/SPED Tehn | | |
| <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Counseling <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Other: <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Other: <input type="checkbox"/> Supervision | | | | | | |
| <input type="checkbox"/> Transportation <input type="checkbox"/> Supervision | | | | | | |
| Related Services Hours per Week | | | | | | |

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